DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

Article 9 Instructor Application

Date:	Date / Location of Requested Clinic:		
Name:			
Work Phone:	E-mail:		
Business Street Address:		City	Zip Code:
Agency:			
Current Job Title and Description:			
Description of professional experience, including a minimum of 1 year personal and/or professional experience providing direct support to persons with developmental disabilities. This does not include administrative responsibilities:			
I wish to become an Article 9 Instructor because….(minimum one paragraph)			

Date Completed	Required Trainings	Documentation Required *(i.e. certificate)*
	Teaching and skill building strategies	☐
	Principles of positive behavior support, functional behavioral analysis and/or other positive behavioral change systems consistent with Article 9	☐
	Article 9 (new instructors: certification must be within past 6 months; recertifying instructors: last class roster must be within past 6 months)	☐
	Prevention and Support class (either Prevention and Support certificate or "Prevention Behavioral Incidents" certificate, documenting observation of the emergency physical intervention techniques)	☐

Additional Required Attachments:	Attached?
Letter of Support and Agreement from Supervisor / Agency:	☐
Signed Instructor Responsibilities Agreement:	☐

Submit completed application to:

dddstatewidetraining@azdes.gov

If you have questions about completing this application, please contact your District Training Office:

District North:	Michele Uhalde-Wood	928.773.4957
Central Region:	Eric Lee	602.771.8125
District South:	Deb Stadle	520.638.2680

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Article 9 Certified Instructor Responsibilities and Requirements

Preparing for Certification

I verify the instructor application packet I have submitted to the Division of Developmental Disabilities is complete and accurate.

I am affiliated with the Division of Developmental Disabilities or an agency with a vendor relationship to the Division of Developmental Disabilities.

I understand certification requires I am trained by a Master Article 9 Trainer.

I understand certification requirements include completing the standard Article 9 test without utilizing course materials at 100%, completing an instructor test at 80%, and completing a practical teaching test at 100%.

Course Delivery upon Certification

Once certified, I will be able to train class participants (staff, providers, family members, etc.) I not be able to certify Article 9 instructors.

I will provide training through face to face contact. I will provide handouts, examples, verbal instructor, answer questions, and use other methods and media as appropriate and available.

If administering the Professional Self-Study, I will follow the Training and Testing Guidelines for Article 9.

Classes will be a minimum of 3 hours in length to allow adequate time for effective training and testing procedures.

Class participants will take the test individually under supervision and pass the test at 80%. Tests will be “open book,” allowing participants to use their class materials.

I will make reasonable accommodations to administer tests to those person who may have difficulty completing a written test, such as administering tests orally, using sign interpreters, etc. As needed, I will consult with Master Article 9 Trainers regarding test accommodations.

I understand I cannot alter, enhance or supplement class materials without prior consultation with the Division of Developmental Disabilities Training Department or a Master Article 9 Trainer who is a member of the Statewide Positive Behavior Support Workgroup.

Requirements for Certified Instructors

I agree to periodic review and observation of my classes by a Master Article 9 Trainer.

I will participate in periodic surveys of knowledge.

I will train at least one class every 6 months.

I will maintain my own records of training and certification, and will provide a copy of these records upon request to the Division of Developmental Disabilities and/or certifying Master Article 9 Trainer.

Within 30 days of course completion, I will submit class sign-in sheets/rosters to the Division of Developmental Disabilities.

I will notify the Division of Developmental Disabilities if I change agencies prior to delivering training in the new circumstances.

I understand my certification is valid for 3 years, and requires re-certification by a Master Article 9 Trainer. I understand it is my responsibility to contact a Master Article 9 Trainer to arrange for re-certification.

I have read and agree to the requirements and responsibilities to maintain certification as an Article 9 Instructor. I understand that failure to abide by these requirements can result in immediate revocation of my certification, and that my employer, contracting agencies and Division monitoring staff will be informed if this occurs.

Printed Name: _____

Signature:_____

Date:_____

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Article 9 Agency Letter of Support

- The instructor's decisions regarding passing and failing trainees will be respected and honored.
- The instructor will be allowed time to participate in related surveys, trainings and meetings as required by the Division of Developmental Disabilities.
- The instructor will be allowed adequate time for preparation of quality training.
- The instructors will be supported in delivery training adequate for adult learning, including a minimum of 3 hours of classroom instruction.
- The agency understands that if the instructor does not fulfill the requirements and responsibilities of a certified Article 9 instructor, certification of the instructor can be suspended and/or removed.
- If an instructor's certification is suspended or removed, the agency must make other arrangements to assure agency staff are trained by a certified Article 9 instructor.
- Upon request, the agency will provide training records of the instructor to the Division of Developmental Disabilities.

Date: _____

Candidate's Name: _____

Agency: _____

Supervisor: _____

Executive Director: _____

_____ _____

Supervisor's Signature Executive Director's Signature